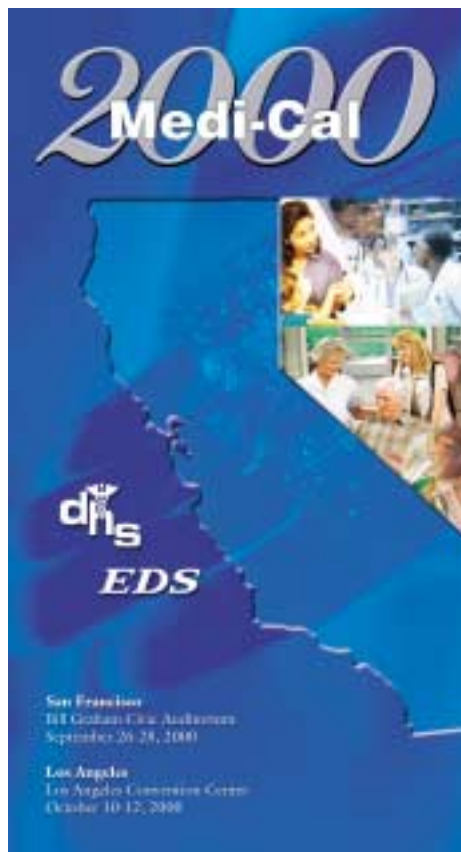


Please assist us in planning for **Medi-Cal 2000** by completing the information requested below. Simply tear off this panel, affix postage and drop it in the mail today. *RSVP Please.** **Confirmation will not be sent.**



DAYS YOU PLAN TO ATTEND: please check applicable box(es)

☐ **ALLIED HEALTH**

☐ **MEDICAL/VISION/
PHARMACY**

☐ **INPATIENT/
OUTPATIENT/DENTAL**

San Francisco Sept. 26, 2000

Los Angeles Oct. 10, 2000

Will you be attending CME/CEU courses? ☐ Yes ☐ No

San Francisco Sept. 27, 2000

Los Angeles Oct. 11, 2000

San Francisco Sept. 28, 2000

Los Angeles Oct. 12, 2000

CONFERENCE SITE YOU PLAN TO ATTEND: please check

☐ **SAN FRANCISCO**

Sept. 26-28

Bill Graham Civic Auditorium

99 Grove Street

San Francisco, CA 94102

☐ **LOS ANGELES**

Oct. 10-12

Los Angeles Convention Center

1201 S. Figueroa Street

Los Angeles, CA 90015

NUMBER OF PEOPLE WHO PLAN TO ATTEND: write # in space provided _____

COURSES OF INTEREST TO YOU: refer to list of scheduled courses

1. _____ 2. _____ 3. _____

Provider Name

Provider Number

City

Zip

Phone

Contact Person

Position

*Response requested to assist us in planning for the conference. **Space will be provided on a first-come, first-served basis.**

Medi-Cal 2000 Make Your Reservation Today



3215 Prospect Park Drive
Rancho Cordova, California 95670

PLACE
POSTAGE
HERE

EDS Training Unit
3215 Prospect Park Drive
Rancho Cordova, California 95670